

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			07/02/99
FORMALITY REVIEW			

# INDEX OF CLAIMS

**BEST AVAILABLE COPY**

Rejected  
Through numerals  
Canceled  
Restricted

N ..... Non-elected  
I ..... Interference  
A ..... Appeal  
O ..... Objected

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**BEST AVAILABLE COPY**

If more than 150 claims or 10 actions  
staple additional sheet here

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